



WASHINGTON STATE GAMBLING COMMISSION
LOCATION: 4565 7th Avenue SE, Lacey WA 98503
MAILING ADDRESS: P.O. Box 42400, Olympia WA 98504-2400
TELEPHONE: 360-486-3440 – FAX NUMBER: 360-486-3631
TOLL-FREE IN-STATE: 1-800-345-2529
TDD: 360-486-3637
WEB SITE: www.wsgc.wa.gov

CHARITABLE / NONPROFIT ORGANIZATION – LOWER VOLUME ACTIVITIES

*** GENERAL INSTRUCTIONS ***

1. Please **Type** or **Print** With Dark Ink.
2. Answer **ALL** questions. Use **N/A** if not applicable. Have you missed anything? For assistance, contact the Licensing Section at (360) 486-3440 OR at our toll-free number 1-800-345-2529.
3. Mail or deliver the completed application and fee(s) to the above address. **PLEASE NOTE** we have the capability of receiving **faxed** items to expedite the receipt of application documentation.
4. Please read the enclosed pamphlet entitled "Gambling License Certification Program" and the condensed rules. **You will find them very helpful and informative.**
5. Be sure that you select the correct license type(s) and correct license class.
6. Make sure that the application is signed and dated by the appropriate individual(s).
7. **AVOID PROCESSING DELAYS.** Ensure that the application and any attachments are complete.
8. Attend mandatory training as required by WAC 230-04-020.

TYPES OF ACTIVITY / LICENSE CLASS / FEES: (Mark ☒ **ALL** Applicable Activities)

Raffles (02)

- ☐ Class A Fee \$ 54.00
☐ Class B Fee \$ 171.00
☐ Class C Fee \$ 350.00
☐ Class D Fee \$ 589.00

Bingo (01)

- ☐ Class A Fee \$ 54.00
☐ Class B Fee \$ 171.00
☐ Class C Fee \$ 350.00

Punchboards / Pull Tabs (04)

- ☐ Class A Fee \$ 561.00
☐ Class B Fee \$ 1,002.00
☐ Class C Fee \$ 1,892.00

Combination (08)

(Bingo, Raffles, Amusement Games and allows general Card Games where no fee is charged)

- ☐ Class A Fee \$ 106.00
☐ Class B Fee \$ 276.00
☐ Class C Fee \$ 639.00

Amusement Games (03)

- ☐ Class A Fee \$ 54.00
☐ Class B Fee \$ 54.00*
☐ Class C Fee \$ 294.00
☐ Class D Fee \$ 822.00

* Any organization who owns their Amusement Game equipment or conducts carnivals must be Class "B" or above.

Fund-Raising Event Distributors (29)

- ☐ Class E – Rents / Leases FRE equipment **No More Than 10 Times** per year. Fee \$ 233.00
☐ Class F – Rents / Leases FRE equipment **More Than 10 Times** per year. Fee \$ 589.00

Social Card Rooms (60)

- ☐ Class D Fee \$ 54.00

TOTAL FEES SUBMITTED \$ _____

NOTE: Check the enclosed fee schedule for annual gross receipt volume authorizations for the above license classes – if these classes do not fit your needs, you may wish to apply for the higher volume activities. If so, complete and submit the *High Volume* application (GC4-006).

If your plans include a joint raffle, contact the Gambling Commission for further details and instructions.

(1) APPLICANT:

(A) Name: _____
Organization Name / Chapter

Mailing Address: _____
Street / P.O. Box City State Zip County

() - () - () -
Organization's Business Telephone Gambling Premises Telephone Organization's Fax

Department of Revenue Unified Business Identifier (UBI) Number: _____

(B) Have you previously applied for or been licensed by the gambling commission? Yes ☐ No ☐

IF YES: Include when and type of license: _____

(C) **BINGO ONLY** – County in which the organization's primary business office is located: _____

If no business office, provide the county in which the organization's president resides: _____

(2) PREMISES / EQUIPMENT:

(A) Premises: Does the organization own the premises where the activity will be conducted? Yes ☐ No ☐

Address: _____
Street City State Zip County

Is the above address within the boundaries of a town or city? Yes ☐ No ☐ Phone # (____)____ - _____

IF RENTED, provide the following:

Landlord: _____
Full Name Address City State Zip

☒ **SUBMIT A COPY OF THE LEASE AGREEMENT.**

(B) Equipment:

Does the organization own the equipment used to conduct the gambling activity(ies)? Yes ☐ No ☐

IF RENTED, provide the following:

Owner: _____
Full Name Address City State Zip

☒ **SUBMIT A COPY OF THE EQUIPMENT LEASE AGREEMENT.**

NOTE: If you are applying for a Fund-Raising Event Distributor license – remember the limitations associated with each class of license.

(3) ELECTED ORGANIZATION OFFICERS (List And Complete **ALL** Information):

(A) President: _____ Social Security #: _____
(Or Equivalent) Last, First, Middle Initial

Home Phone: (____)____ - _____ Work Phone: (____)____ - _____ Date of Birth: _____

Home Address: _____
Street City State Zip County

(B) Treasurer: _____ Social Security #: _____
(Or Equivalent) Last, First, Middle Initial

Home Phone: (____)____ - _____ Work Phone: (____)____ - _____ Date of Birth: _____

Home Address: _____
Street City State Zip County

(C) Board Chairperson: _____ Social Security #: _____
(Or Equivalent) Last, First, Middle Initial

Home Phone: (____)____ - _____ Work Phone: (____)____ - _____ Date of Birth: _____

Home Address: _____
Street City State Zip County

(4) PROPOSED ACTIVITY MANAGER(S) (Complete for the **Primary Manager** of Each Gambling Activity):

(A) Full Name: _____ Gambling Activity: _____
Last, First, Middle Initial

Home Address: _____
Street City State Zip County

Social Security #: _____ Date of Birth _____ Phone # (____)____ - _____

(B) Full Name: _____ Gambling Activity: _____
Last, First, Middle Initial

Home Address: _____
Street City State Zip County

Social Security #: _____ Date of Birth _____ Phone # (____)____ - _____

(C) Full Name: _____ Gambling Activity: _____
Last, First, Middle Initial

Home Address: _____
Street City State Zip County

Social Security #: _____ Date of Birth _____ Phone # (____)____ - _____

(5) BINGO APPLICANTS ONLY - COMPLETE THE FOLLOWING SCHEDULE (Times / Days of Bingo):

Monday: _____ to _____ Wednesday _____ to _____ Friday _____ to _____ Sunday _____ to _____
Tuesday _____ to _____ Thursday _____ to _____ Saturday _____ to _____

(6) QUALIFICATION / ANNUAL CERTIFICATION INFORMATION:

NOTE: Applicants Currently or Previously Licensed by the Gambling Commission need only complete those items which have changed since the last application. If No Change, write N/A in each space provided.

(A) Historical - Initial Application and Changes Only:

1. When was your organization formed or incorporated? _____ / _____ / _____
Month Day Year
2. When does your accounting fiscal year end? _____ / _____ / _____
Month Day Year
3. Check ☒ the purpose(s) for which your organization was formed and operated. (Circle your primary purpose.)
☐ Agricultural ☐ Charitable ☐ Educational ☐ Patriotic ☐ Religious
☐ Athletic ☐ Civic ☐ Fraternal ☐ Political ☐ Social

(B) Is your organization exempt from the payment of federal income taxes? Yes ☐ No ☐

IF YES: What is your Internal Revenue Service (IRS) exemption code section? 501(c)(_____) (Example: 501(c)3)
Please call us if you are confused about your particular IRS code.

(C) Is your organization a branch, chapter, or auxiliary of another charitable or nonprofit organization?

Yes ☐ No ☐ **IF YES**, complete the following: Name of Organization: _____

Relationship: _____

Are gambling funds being used (or plan to be used) to benefit the related organization? Yes ☐ No ☐

(7) MEMBERSHIP INFORMATION (Complete Even If Previously Licensed):

(A) How many regular membership meetings has your organization held during the last fiscal year? _____

(B) How many active members are in your organization as of the date of this application? _____

(C) Are all members allowed to vote in elections for officers and board members? Yes ☐ No ☐

IF NO: How many voting members? _____

(8) INFORMATION REGARDING YOUR LAST FISCAL YEAR PERIOD:

Briefly describe how your organization has met the purpose(s) set out above: (If more space is needed, use separate sheet of paper.)

(9) Briefly Describe the Type(s) of Charitable and / or Nonprofit Services that are provided by your organization to the public and / or your members. (You may attach a separate sheet of paper for each of the below areas, but indicate so below.)

- **To the Public:**

- **To Your Members:**

(10) Required Attachments – Attach and submit the following documents with your application: (*New applicants* must submit ALL documents listed below.) (*****Applicants previously licensed by the commission need not submit these items unless specifically requested to do so, or if there have been changes since your last renewal.***)

- (A) IRS exempt status letter – enclose a copy of your IRS letter declaring that your organization is exempt from the payment of federal income taxes.
- (B) A copy of your current bylaws and articles of incorporation.
- (C) Written lease or rental agreement for use of the premises. (If you own the premises, please note.)
- (D) Written lease or rental agreement for use of equipment. (If you own the equipment, please note.)
- (E) Copy of minutes – two of the most current **and** one from as far back as available. (At least one year.)

*** * * S T O P * * ***

Please review the entire application AGAIN. Have you forgotten to complete any questions or submit required documents? Incomplete applications and document omissions will cause a significant delay in processing your application.

- PLEASE HELP US TO HELP YOU -

YOUR APPLICATION AND THE PUBLIC RECORDS ACT

From the moment we receive your application, it becomes a public document subject to the Public Records Act (RCW 42.17) and other Washington laws. Per WAC 230-04-020 (4), the Commission may disclose to the public or discuss at a public meeting, all information set forth in this application and all supplemental information submitted. The Commission responds to public document requests through a Public Disclosure Request process. In the event that the Commission receives a public disclosure request regarding this application or the license file established, you may request in writing, that the Commission notify you of such request as provided in RCW 42.17.330.

OATH OF THE ELECTED PRESIDENT ONLY

I declare under penalty of perjury, under the laws of the State of Washington, that all information provided on this application is true and complete to the best of my knowledge. **I understand that untruthful, misleading, or incomplete answers whether through misrepresentation, concealment, inadvertence, or mistake, are cause for administrative closure or denial of my initial application or revocation of any gambling license(s) currently held.** I agree to notify the Gambling Commission if any information required on this application or on my Personal / Criminal History Statement changes or becomes inaccurate in any way. I understand that if I fail to make such notification that failure may constitute grounds for denial, suspension or revocation of my application or license(s). I agree to notify the Gambling Commission should any criminal or civil actions be filed against me during the application or licensure period. I understand that if I voluntarily withdraw or if the Commission administratively closes my application, the remainder of my fee, minus the Commission's processing and investigative costs, will be refunded. (See WACs 230-04-022, 230-12-305, and 230-12-310.)

Print Name: _____

President's Signature: _____

Date: _____

APPLICATION PREPARED BY:

_____		_____		
Name		Title		
_____	_____	_____	_____	_____
Address	City	State	Zip	County
(_____) - _____	(_____) - _____	(_____) - _____		
Telephone	Fax	Other		